

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Protect Judge TRIVING, Appeals Court JudgeAddress P.O. Box 24112, JACKSON, MS 39225-4112Telephone 601-706-5262

Fax _____

Treasurer LYOLA G. TRIVINGEmail CGIVING@FANMAIL.NET

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- X October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 9,480.00 + \$ 919.00	\$ 10,369.00	\$ 22,504.81
Total amount of disbursements	\$ 6,943.30 + \$ -0-	\$ 6,943.30	\$ 18,940.28
Total amount of cash on hand		\$ 3,564.53	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

10/26/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1489 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

ENTERED

Name of Candidate or Committee The Committee to Re-Elect Tyree Irving, Appeals Court Judge
 Reporting period Oct 1, 2010 through Oct. 23, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EPB, LLC</u>		<u>10/08/10</u>	\$ <u>500.00</u>
Mailing Address <u>3866 Forest Hill Road</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39212</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>PHYSICIAN</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John L. Walker</u>		<u>10/08/10</u>	\$ <u>500.00</u>
Mailing Address <u>450 Fairfield Drive</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39206</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clyde T. Fuller</u>		<u>10/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1108 ONEAL Street</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>VIDAIA, LA 71373</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>BUSINESSMAN</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert L. Johnson</u>		<u>10/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 459</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>BUSINESSMAN</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee The Committee to Reelect Tyree TRUING, APPEALS Court JudgeReporting period Oct. 1, 2010 through Oct. 23, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTON J. HALL</u>		<u>10/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1165</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Vidalia, LA 71373-1165</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>VETERINARIAN</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bobby L. Cox</u>		<u>10/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 892</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phil P. E. Carby, PC</u>		<u>10/12/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1047</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deborah McDonald</u>		<u>10/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2038</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee The Comm. He to Reelect Tyree IRVING, Appeals Court Judge
 Reporting period Oct. 1, 2010 through Oct. 23, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ericett Sanders</u>		<u>10/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 565</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39121-0565</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAUNIER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John T. Ball</u>		<u>10/12/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>210 MAIN STREET</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Natchez, MS 39120</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAUNIER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DUGANS MOSS, PLLC</u>		<u>10/18/10</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 808</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Law Firm, PLLC</u>		<u>10/18/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1404</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>GREENVILLE, MS 38702</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee The Committee to Reelect Tyree Irving, Appeals Court Judge
 Reporting period Oct. 1, 2010 through Oct. 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. Ellis Pittman</u>	<u>10/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 563</u>	_ _ _	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ellis Turnage</u>	<u>10/20/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 216</u>	_ _ _	\$
City, State, Zip Code <u>Cleveland, MS 38732</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie J. Perkins, Sr.</u>	<u>10/21/10</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 8404</u>	_ _ _	\$
City, State, Zip Code <u>Greenville, MS 38935</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_ _ _	\$
Mailing Address	_ _ _	\$
City, State, Zip Code	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee The Committee to Reelect Tyree IRVING, Appeals Court Judge
 Reporting period Oct. 1, 2010 through October 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>ReL Carrier</u>	Date (Mo., Day, Year) <u>10/04/10</u>	Amount of each disbursement this period \$ <u>93.07</u>
Mailing Address <u>P.O. Box 271</u>		\$
City, State, Zip Code <u>Wilmington, OH 45177-0271</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>456.42</u>	\$
B. Full name <u>Henry Daniels</u>	Date (Mo., Day, Year) <u>10/08/10</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address <u>817 MLK Drive</u>		\$
City, State, Zip Code <u>Roseinsko, MS 39090</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>150.00</u>	\$
C. Full name <u>WMPR RADIO</u>	Date (Mo., Day, Year) <u>10/13/10</u>	Amount of each disbursement this period \$ <u>25.00</u>
Mailing Address <u>1018 Penn Park CR.</u>		\$
City, State, Zip Code <u>Jackson, MS 39209</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>25.00</u>	\$
D. Full name <u>Dr. William Nelson</u>	Date (Mo., Day, Year) <u>10/16/10</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>1615 E. Bay Street</u>		\$
City, State, Zip Code <u>GAZOO City, MS 39194</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>200.00</u>	\$
E. Full name <u>Graham Media</u>	Date (Mo., Day, Year) <u>10/18/10</u>	Amount of each disbursement this period \$ <u>10.00</u>
Mailing Address <u>134 Sunflower Ave.</u>		\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>10.00</u>	\$
F. Full name <u>WGNL RADIO</u>	Date (Mo., Day, Year) <u>10/18/10</u>	Amount of each disbursement this period \$ <u>1,080.00</u>
Mailing Address <u>P.O. Box 1801</u>		\$
City, State, Zip Code <u>GREENWOOD, MS 38935</u>	<u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date <u>1,080.00</u>	\$

Name of Candidate or Committee The Committee to Protect Type II Judges Appeals Court Judge
 Reporting period Oct. 1, 2010 through Oct. 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>WMPR RADIO</u>	Date (Mo., Day, Year) <u>10/19/10</u>	Amount of each disbursement this period \$ <u>700.00</u>
Mailing Address <u>1018 Pecan Park CR.</u>		
City, State, Zip Code <u>JACKSON, MS 39209</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>725.00</u>
B. Full name <u>WRTM RADIO</u>	Date (Mo., Day, Year) <u>10/19/10</u>	Amount of each disbursement this period \$ <u>724.71</u>
Mailing Address <u>P.O. Box 820583</u>		
City, State, Zip Code <u>Vicksburg, MS 39183-0583</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>724.71</u>
C. Full name <u>Classic Printing</u>	Date (Mo., Day, Year) <u>10/19/10</u>	Amount of each disbursement this period \$ <u>304.52</u>
Mailing Address <u>418 North Fair's Street</u>		
City, State, Zip Code <u>JACKSON, MS 39286-8696</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,792.48</u>
D. Full name <u>WNLA</u>	Date (Mo., Day, Year) <u>10/30/10</u>	Amount of each disbursement this period \$ <u>1,035.00</u>
Mailing Address <u>P.O. Box 667</u>		
City, State, Zip Code <u>Indianola, MS 38751</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,035.00</u>
E. Full name <u>WCLD RADIO</u>	Date (Mo., Day, Year) <u>10/21/10</u>	Amount of each disbursement this period \$ <u>1,020.00</u>
Mailing Address <u>911 South Davis Street</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,020.00</u>
F. Full name <u>WESY RADIO</u>	Date (Mo., Day, Year) <u>10/21/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>P.O. Box 5804</u>		
City, State, Zip Code <u>Greenville, MS 38701</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee The Committee to Re elect Tyree Irwin, APPEALS Court Judge
 Reporting period Oct. 1, 2010 through Oct. 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WBAD RADIO</u>		
Mailing Address		\$
<u>P.O. Box 4426</u>	<u>10/21/10</u>	<u>1,000.00</u>
City, State, Zip Code		\$
<u>Greenville, MS 38701</u>	<u>10/21/10</u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WYAD RADIO</u>		
Mailing Address		\$
<u>820 Prentiss Street</u>	<u>10/23/10</u>	<u>100.00</u>
City, State, Zip Code		\$
<u>UAcw City, MS 39194</u>	<u>10/23/10</u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$